



# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/894,641
Filing Date	June 27, 2001
First Named Inventor	Kenneth H. Abbott
Art Unit	2173
Examiner Name	Tadesse Hailu
Attorney Docket No.	890057.420C2

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	James A. D. White		
Date	March 23, 2005	Reg. No.	43,985

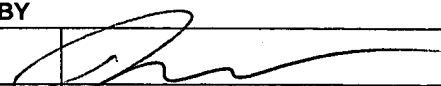
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	James A. D. White	Date: March 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				<b>Complete if Known</b>			
<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>				Application Number	09/894,641		
				Filing Date	June 27, 2001		
				First Named Inventor	Kenneth H. Abbott et al.		
				Examiner Name	Tadesse Hailu		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2173		
TOTAL AMOUNT OF PAYMENT		(\$) <b>1190</b>		Attorney Docket No.	890057.420C2		
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account    Deposit Account Number: <u>19-1090</u> Deposit Account Name: <u>Seed IP Law Group PLLC</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>							
<input type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17							
<b>Warning:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
		FILING FEES		SEARCH FEES		EXAMINATION FEES	
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
<u>88</u>	-76 or HP =	<u>12</u>	X	<u>25</u>	=	<u>300</u>	
HP = highest number of total claims paid for, if greater than 20						_____	_____
<b>Indep. Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
<u>10</u>	-8 or HP =	<u>2</u>	X	<u>100</u>	=	<u>200</u>	
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	-100 =	_____	/50 =	_____ (round up to a whole number)		x	_____
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): <u>Supplemental Information Disclosure Statement</u>							<u>180</u>
Extension of Time (3 months)							<u>510</u>
<b>SUBMITTED BY</b>							
Signature				Registration No. (Attorney/Agent)	43,985	Telephone	206-622-4900
Name (Print/Type)		James A. D. White		Date	March 23, 2005		